



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7984

<b>SERIAL NUMBER</b> 09/867,382	<b>FILING OR 371(c) DATE</b> 05/31/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 032304-020
<b>APPLICANTS</b> John F. Shanley, Redwood City, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/315,885 05/20/1999 PAT 6,290,673.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 06/15/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 6
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Cindy A Lynch Conor Medsystems Inc 1003 Hamilton Court Menlo Park ,CA 94025				
<b>TITLE</b> EXPANDABLE MEDICAL DEVICE DELIVERY SYSTEM AND METHOD				
<b>FILING FEE RECEIVED</b> 655	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	